



Hoosier Healthwise For Children

Health Care Coverage for Your Kids

What is Hoosier Healthwise?

Hoosier Healthwise is an affordable insurance program offered by the State of Indiana for children birth through age 18.

What health services does Hoosier Healthwise cover?

There are two Hoosier Healthwise benefit packages for children. Both packages cover a wide range of medical services, which are listed on the back of this page

Who is eligible for Hoosier Healthwise?

To qualify for Hoosier Healthwise, a child must be an Indiana resident, be under age 19, and live in a family that makes at or below the income as shown in the following chart.

Monthly Income Limits

Family Size	Package A	Package C
1	\$1,277	\$1,702
2	\$1,712	\$2,282
3	\$2,147	\$2,862
4	\$2,582	\$3,442
5	\$3,017	\$4,022
6	\$3,452	\$4,602

What will Hoosier Healthwise cost?

Package A is provided at no cost to members and **Package C** is provided at a low cost. The premium amounts for **Package C** are based on family income and the number of family members covered.

Package C Premiums (effective Feb. 1, 2006)

Number of Children in Package C	Monthly Premium Amount
1	\$22-\$33.00
2 or more	\$33.00-\$50.00

There are also co-payments for some services.
They are listed on the other side of this page.

**Call toll-free 1-800-889-9949 to get more
information or an application.**

Hoosier Healthwise Covers A Wide Range Of Medical Services For Children Of All Ages.

Benefits	Package A	Package C
Hospital Care	Yes	Yes Emergency Room services for non-emergencies are not covered.
Doctor Visits & Check-ups	Yes	Yes
Well-child Visits	Yes	Yes
Clinic Services	Yes	Yes
Prescription Drugs	Yes Co-payments apply to teens age 18; range from \$.50 to \$3.00.	Yes Co-payments range from \$3.00 for generic drugs to \$10.00 for brand name drugs.
Over-the-counter Drugs	Yes A doctor's prescription is needed.	No Except for Insulin.
Lab & X-ray Services	Yes	Yes
Mental Health Care	Yes	Yes
Substance Abuse Services	Yes	Yes
Medical Supplies & Equipment	Yes	Yes
Home Health Care	Yes	Yes
Nursing Facility Services	Yes	No
Dental & Vision Care	Yes	Yes
Therapies	Yes	Yes
Hospice Care	Yes	Yes
Transportation to Medical Care	Yes Limits Apply	Ambulance transportation for emergencies and between medical facilities; \$10 co-payment.
Family Planning Services	Yes	Yes
Nurse Practitioner & Nurse Midwife Services	Yes	Yes
Foot Care	Yes	Covers surgeries, lab and x-rays, and hospital stays involving the foot.
Chiropractors	Yes	Yes